File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319

## Reset Form

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FOR INSTRUCTIONS, SEE BACK OF FORM

Fax: 515-281-4073	DISCLOSURI	E SUMMARY PAGE	<b>9</b> 000	D_0 0 *	
COMMITTEE NAME (Must be	same as on Statement of On	ganization)	<del></del>	DEC -3 A	H 9: 50
Committee to Elect Busch,	Treasurer	•	1	FORM	1
IMPORTANT: Indicate by # type ( (1) Statewide/Legislative/Judge S (4) County Central Committee (5)	of committee you are reporting for standing for Retention Candidate	r: (2)State PAC (3)State Party didate (7)School Board or Other Po Board or Other Political Subdivision	litical PAC (	DR-2 (Rev. 07/200)	Only
CANDIDATE COMMITTEES ( Candidate Name Kelly Busch	ONLY:	Political Party (if applicabl Republican		Logged in Scanned Computer	
Office Sought Treasurer		District (if Senate or Hous	e) 	Audited	
ate reports are subject to possit	sch	Pursuant to lowa Code sections 68B	a	Dec 1,	÷ .0
AM FILING A October 15-D	ecember 31	REPORT FOR (1) ELECT	ON //2\NO	N.ELECTION	VEAR
	port date)		by # 1	M-ELECTION	TEAN,
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CHECK IF AMENDMENT TO		of Dissolution Form DR-3	Noven County which E	lection is held	Date of Election
CHECK IF AMENDMENT TO Check if this is final (termina (You must continue to	tion) report and attach Notice	of Dissolution Form DR-3. ed.)	Noven County which E	mber 4, 2008 & Local Committe	
CHECK IF AMENDMENT TO Check if this is final (termina (You must continue to STATEME ASH ON HAND at the beginni committee. This amou	tion) report and attach Notice file reports until a DR-3 is file  ENT OF CASH ON HAN ing of the reporting period. (Tunt MUST be the same as the	of Dissolution Form DR-3.  id.)  ID  otal of all funds held by the	Noven County which E Union	mber 4, 2008 & Local Committe lection is held in County	
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Reset Form

## **EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT**

**STATE PAC COMMITTEES:** NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE	NAME (Must be	same as	s on Statemer	t of Organization)
			o on olatomor	t or organization)

Committee to Elect Busch, Treasurer

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURP (DESCRIBE TR	OSE ANSACTION)	AMOUNT EXPENDED
0/29/08	ID# CK#1003	Creston News Advertiser 503 W Adams, Creston IA 50801	Thank you ad		\$ 39.20
	ID# CK#				
	ID# CK#				
	ID#				
	ID#				
	CK#				
	CK#				
	CK#				
	ID# CK#				
				SUB-TOTAL	\$ 39.20

TOTAL (if last page of this schedule) \$ 39.20

## THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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FOR INSTRUCTIONS SEE BACK OF FORM	<b>FOR</b>	INSTRUCTIONS	SEE BACK OF	EODL
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COMMITTEE NAME (Must be same as on Statement of Organization)  Committee to Elect Busch, Treasurer		SCHEDULE E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
	Reset Form		K THIS BOX IF DING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
10/31/08	Kelly Busch 710 N Cedar, Creston, IA 50801	self	forgiven loan	\$ 695.54	
			SUB-TOTAL	\$ 695.54	
			TOTAL (if last page of this schedule)	<b>\$</b> 695.54	

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third decree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship. enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)

TI - MONETA (Original		ľ	CHECK THIS BO AMENDING FORI
	NRY LOANS RECEIVED THIS REPORTING PERIOD source of loan, such as a bank, must be shown if a third party is	involved. Include loans from candida	ate's personal funds.)
DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$
		TOTAL (PART I)	
TII - MONET (Loans fo DATE PAID MM/DD/YR)	PARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD Orgiven must be reported on Schedule E In-kind Contributions.  NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO	
		CANDIDATE* (If Applicable)	AMOUNT REPAID
0/31/08	Kelly Busch 710 N Cedar, Creston, IA 50801	CANDIDATE* (If Applicable)	\$ 50.00
	Kelly Busch	CANDIDATE* (If Applicable)	\$
0/31/08	Kelly Busch 710 N Cedar, Creston, IA 50801 Kelly Busch	Self	<sup>\$</sup> 50.00
	Kelly Busch 710 N Cedar, Creston, IA 50801  Kelly Busch 710 N Cedar, Creston, IA 50801	Self self REPAYMENTS (PART II)	<sup>\$</sup> 50.00

RESET

SCHEDULE

(Rev. 02/08)

LOANS

RECEIVED & REPAID

FOR INSTRUCTIONS, SEE BACK OF FORM

Committee to Elect Busch, Treasurer

COMMITTEE NAME(Must be same as on Statement of Organization)